R3P27-1F

Teenage Pregnancy and Too-Early Childbearing:

Public Costs, Personal Consequences

Center for Population Options

CPO's National Priorities List for Reducing Teen Pregnancy & Too-Early Childbearing

1) National leadership, with federal and Executive commitment to the health of children and youth and to adequate sex education and family planning services for all.

2) Increased federal and state funding for family planning and teenage pregnancy prevention programs.

3) K-12 Family Life Education, incorporating life skills, self-esteem building, sexuality education, including information on the prevention of pregnancy and sexually transmitted disease, life planning, and vocational skills. Family Life Education should give young people the skills and self-confidence to delay intercourse and childbearing.

4) Affordable and accessible health care for youth through community health clinics that accommodate the needs of youth or through school-based health clinics.

5) Coordinated community efforts to provide education, services, and options for hard-to-reach or at-risk youth.

6) Low-cost, accessible contraceptive options for sexually active youth.

7) Cooperative ventures among private and public agencies to offer vocational planning, job skills, and economic opportunities to teenagers.

8) Safe, affordable, accessible abortion services for teenagers with unintended and unwanted pregnancies who choose not to continue the pregnancy.

9) Public education, outreach, pre- and post-natal services for pregnant teenagers who choose to carry a pregnancy to term, including programs to help parenting teens remain in school.

10) Television and other media advertising of contraceptives and prophylactics for the prevention of pregnancy and sexually transmitted disease.

Table of Contents

Introduction	1
1988 Estimated Costs of Teenage Childbearing	3
Single Year Cost	3
Single Birth Cost	3
Single Cohort Cost	4
Table I: Single Year Cost	5
Table II: Single Birth Cost	6
Table III: Single Cohort Cost	6
Table IV: Four Year Trend, Single Year Costs	7
Table V: Four Year Trend Single Birth Costs	7
Table VI: Four Year Trend, Single Cohort Costs	7
Public Costs: The Case for Teen Pregnancy Prevention	8
Methodology	11
Calculating the Costs	11
Determining Public Outlays	13
Sources of Data for the 1988 Cost Study	14
References	16

Introduction

Why do we worry about teenage pregnancy? Teenage pregnancies themselves don't have a quantifiable public cost, except perhaps for some pre-natal care. Today what is most disturbing about teenage pregnancy and too-early childbearing is the cycle of poverty and economic dependence that so often begins with an early birth. It is the negative outcomes of unintended and unwanted pregnancies that we are concerned with -- outcomes that frequently involve low birthweight babies who need extended hospital care, single parenthood for women and subsequent reliance on public support, and truncated education because the parent or parents drop out of high school to take care of a child and so have a lower earning potential in the job market.

Teenage childbearing has contributed to and reflects the changing face of the American family. It contributes to a devastating high-school drop-out rate, to the swelling numbers of single mothers in the U.S., and to the extraordinary numbers of children living in poverty. It has ominous implications due to the connection between teenage sexual practices and the risk of HIV infection and AIDS, and it has swelled the ranks of homeless, drug-addicted babies in public hospitals, dubbed "boarder babies" because so few are adopted. It is an agonizingly stubborn public health problem -- the more so because it is a preventable one -- that has defied solution for decades, and it is one that promises to worsen dramatically as reproductive options for pregnant teenagers are constrained.

The costs continue to rise. This study focuses on the quantifiable economic impact of teenage pregnancy, a measure of what it costs the country each year in taxpayer dollars to support families that began when the mother was a teenager. These numbers are important for understanding the trade-off between what is spent on prevention and what we must allocate after prevention efforts have proven themselves insufficient.

Across the country, a wide variety of programs have been successful with groups of teens in limited settings. But significantly reducing teen pregnancy, we have learned, cannot be accomplished with a single program or a single approach. Rather, the problem requires a wide net of programs and services together with the active involvement of a broad cross-section of the community from policy-makers to parents. Most important, reducing teenage pregnancy cannot occur without first improving access to sexuality information and family planning services for all adolescents.

Teenagers must have direct and accurate information about sexuality, including support to delay sexual activity, as well as access to convenient, confidential, and affordable family planning counseling and medical services. Teenagers must perceive real options for their futures in order to be motivated to avoid premature childbearing, and so must have access to both quality education and vocational opportunities. They must, above all, be given incentives to seek professional health care if they become sexually active so that unwanted pregnancy and sexually transmitted diseases are prevented. Schools, youth serving agencies, youth employment organizations, clinics, policy-makers, corporations, and religious organizations must come together to make all this a reality and to help teenagers plan secure, productive futures.

1988 Estimated Costs of Teenage Childbearing

For the past four years, CPO's "Estimates of Public Costs for Teenage Childbearing" has highlighted the impact of adolescent births on the nation's budget. Three different sets of public costs are calculated. The first, known as "Single Year Costs," shows how much the U.S. spends as a result of teenage childbearing in a given year. The total public outlay includes expenses for all families in which the first birth occurred when the mother was a teenager, even though the mother may now be considerably older. Figures are based on Aid to Families with Dependent Children (AFDC), Medicaid and Food Stamp payments, and the percentage of those expenditures that go each year to families that began when the mother was in her teens.

In 1988, the U.S. Single Year Cost was $19.83 billion dollars, an increase of $560 million from 1987 (Tables I & IV). The figure, which includes direct payments to service providers as well as the administrative costs of the programs listed, is a conservative estimate: it does not include other public costs commonly associated with family support such as housing subsidies, special education, foster care, or day care. If every birth to a teen mother had been delayed, the U.S. would have saved 40% of that amount, or $7.93 billion. The increase in costs from 1987 is almost entirely due to the rate of inflation, reflecting a steady teenage birthrate in the year 1987-88, and suggesting little change in teenage pregnancy rates and minimal change in pregnancy prevention efforts. The 1988 single year cost is more than $3 billion higher than in 1985 (Table IV).

The second set of figures, Single Birth Cost, reflects the public cost over a projected twenty year period for a single family begun in 1988 by a teen birth. This is the average public cost for one family over the first twenty years of the child's life. A family begun by a first birth to a teenage mother in 1988 will cost the taxpayer approximately $16,410 by the time that baby reaches age twenty (Table II). This number may appear low because it represents an average across all first births to teens even though only one-third of families begun with a teen birth actually receive public assistance. The actual amount going to a family that receives public assistance after a teen birth would be approximately $49,230 over 20 years. There were 364,587 first births to teens in 1988, almost 10,000 of those to girls age 14 and younger.

Finally, the study measures the cost for <u>all</u> teen families begun in 1988 over the following twenty years, and we call this the Single Cohort Cost. This figure represents what the U.S. will spend to support all the families begun in 1988 by a teen mother over the next twenty years. The

Single Cohort Cost for 1988 is $5.98 billion (Table III). This cost has risen by almost a billion dollars since 1985 (Table VI). If those 1988 births had been delayed, CPO estimates a potential saving of well over two billion dollars -- many times most state social welfare budgets in any given year and 42 times as much as the U.S. spent for family planning services in the same year.

1988 SINGLE YEAR COST

TABLE I

Single Year Public Cost for All Families Started by a Teen Birth and Potential Savings Associated with Delaying These Births

Estimate for 1988 (in billions)

Funding Source	Total Outlay for AFDC Recipients#	Outlay Attributable To Teenage Childbearing*	Potential Savings†
Aid to Families with Dependent Children (AFDC)	$18.99	$10.07	$ 4.03
Food Stamps	$ 5.45	$ 3.23	$ 1.29
Medicaid	$11.73	$ 6.53	$ 2.61
TOTAL		**$19.83 BILLION**	**$ 7.93 BILLION**

Includes administrative costs.

* Based on the assumption that families begun by a teen birth consume 53 percent of these funding sources.[1] See Methodology for further explanation.

† Calculated at 40 percent of full cost.[2]

1988 SINGLE BIRTH COST

TABLE II

Projected 20-Year Cost to Support Each Family Begun by a Teenager in 1988 and Potential Savings Associated with Delaying These Births#

Estimates over Twenty-Year Period 1988-2007

Age	Number of First Births^	Average Single Family Cost*	Potential Savings†
<15	9,966	$20,723	$ 8,289
15-17	149,170	$20,679	$ 8,272
18-19	205,451	$13,101	$ 5,240
Teenagers all ages	364,587	$16,410	$ 6,564

1988 SINGLE COHORT COST

TABLE III

Projected 20-Year Public Cost for All Families Started by Teenagers in 1988 and Potential Savings Associated with Delaying These Births#

Estimates over Twenty-Year Period 1988-2007 (in billions)

Age	Full Cost*	Potential Savings†
<15	$0.21	$0.08
15-17	$3.08	$1.23
18-19	$2.69	$1.08
all teens	**$5.98 BILLION**	**$2.39 BILLION**

#Based on AFDC, Medicaid and Food Stamp expenditures.

^1987 natality statistics are the latest available. Monthly Vital Statistics Report, "Advance Report of Final Natality Statistics, 1987," 38:3, June 29, 1989, Table 2, p. 16.

*Cost is expressed in 1988 "present value" dollars, which means that this is the amount that would have to be set aside in 1988 to cover the 20 year cost of the average family begun by a first birth to a teen in 1988, after taking into consideration inflation and the future earning power of a dollar invested in 1988. For Table III, "full cost" represents the total cost to support ALL of the 364,587 families, begun by a first birth to a teenager in 1988, at the average costs estimated in Table II. See Methodology for further explanation.

†Calculated at 40 percent of full cost. See reference 1.

FOUR YEAR TRENDS

TABLE IV

Four Year Trend in Single Year Costs Attributable to Teenage Childbearing

Estimates for 1985-1988 (in billions)

SINGLE YEAR COST:	1985	1986	1987	1988
	$16.65	$17.93	$19.27	$19.83

TABLE V

Four Year Trend in Projected 20-Year Public Costs to Support Each Family Begun by A Teen Birth.

Estimates for 1985-1988 (average cost)

Age	1985	1986	1987	1988
<15	$17,724	$18,913	$19,691	$20,723
15-17	$17,689	$18,897	$19,638	$20,679
17-19	$11,214	$11,984	$12,416	$13,101
Teenagers all ages	$13,902	$14,852	$15,450	$16,410

TABLE VI

Four Year Trend in Projected 20-Year Costs to Support All Families Begun by a Teen

Estimates for 1985-1988 (in billions)

Age	1985	1986	1987	1988
<15	$0.17	$0.18	$0.19	$0.21
15-17	$2.55	$2.73	$2.85	$3.08
17-19	$2.44	$2.60	$2.66	$2.69
all teens	$5.16	$5.51	$5.70	$5.98

Public Costs: The Case for Teen Pregnancy Prevention

The public costs of teenage childbearing dramatize in stark financial terms the outcome of a failure to prevent teenage pregnancies, a failure that is increasing public costs by hundreds of millions of dollars each year. And these increases do not begin to meet the need of poor families for assistance. As homelessness worsens, and half of all black children live in poverty, we receive daily reminders that the assistance we provide is not reaching everyone who needs it, and it is not meeting even the basic needs of some who do receive it. And yet the numbers of teenage pregnancies continue at a steady annual level, and we continue to fail our young people on both sides of the parenting decision.

The public costs of teenage childbearing, taken in that light, also give a chilling outline of future costs if prevention is not addressed and if access to legal abortion is constrained or denied. Today, fewer than half of the teenagers who become pregnant choose to continue the pregnancy. One cannot ignore the implications of the government insisting that 400,000 more teenagers give birth to unplanned babies each year.

There is little dispute that teenage pregnancy increases dramatically a woman's chances of living in poverty, which in turn increases the chance of her children becoming teenage parents and living in poverty. Welfare support and other public programs are necessary to help these young families, but studies have shown that if the pregnancies were delayed by just a few years the chance of a woman's depending on welfare goes down substantially.[3]

According to the National Longitudinal Survey of Young Women, for each year a first birth is delayed, family income at age 27 increases by almost $500. The woman's individual income is raised by $200. What's more, delaying a birth just until age 18 or 19 raises potential family income by close to $700. This means that for each year a first birth is delayed (until age 20), a woman's chance of living in a family below the poverty level is reduced by about 22 percent. [4]

More than one million teenagers become pregnant every year in the United States.[5] Three-quarters of these pregnancies are unintended; 92% of pregnancies to unmarried teenagers are unintended.[6] The health, social, and economic consequences of teenage pregnancy are almost all negative. And those unintended pregnancies that result in the birth of a child have the most obvious negative consequences and are of the most concern.

Most teenagers -- girls and boys -- are not prepared for the physical, social, and economic challenges parenthood requires, yet almost half of the teenagers who become pregnant will carry their pregnancies to term.[7] Of those who give birth, 96 percent will keep and try to raise their child.[8] These numbers are even more disturbing when one considers that women under 18 who continue a pregnancy are more likely to develop medical complications than those who delay childbearing until later.[9]

Moreover, because many teenagers do not seek pre-natal care during the first trimester of a pregnancy, their babies suffer disproportionately from low birthweight and other perinatal conditions that make them much more likely (in fact, almost twice as likely) to die in the first year of life than babies born to mothers over age 20.[10] Infant morbidity -- an extreme state of ill health, often leading to death -- is not only a personal tragedy, it is an economic burden to a family and to society as well.

What are the factors that lead teen parents into the cycle of poverty, or at least into reliance on some public support? The first is the effect of teenage pregnancy on education. It is no surprise that because of the time required to raise a child, when a teenager has a baby the time normally spent on studying and going to school is superseded by the need to attend to the child. A 1983 survey of 20- to 26-year-old women reported that 95% of childless women completed high school requirements, while only 53% of those who had given birth within seven months of leaving school had done so.[11] Today, pregnancy is the leading cause of female school drop-out in the country.[12] Research has repeatedly demonstrated that women who bear children as teenagers and drop out of high school are substantially less likely ever to go back to school and complete their education than those who delay parenthood until after high school.[13]

It is true that for a number of reasons women who bear children as teens today are completing more schooling on average than their counterparts in the late 1960's, but the effect is diminished because all teens are staying in school longer, whether or not they become parents . Title IX of the 1972 Education Amendments, implemented in 1975, prohibits public schools from discriminating against pregnant and parenting students, a law which has allowed many more girls to finish their educations. However, a study in 1982 suggested that the increase in schooling for teen mothers has not

boosted their earning power enough to prevent their reliance on public assistance.[14] And although some girls who enroll in special programs for pregnant teens have fared far better in later life than those who stayed in a regular school program or those who dropped out, teen mothers on average do not fare as well financially as non-parenting teenage girls.[15]

The generally high number of children in families begun by teenagers also has an impact on the need for public support. Women who have children early have more children more rapidly than those who delay childbearing.[16] It has also been shown that many teenage mothers continue to have unintended pregnancies, whether due to inadequate contraceptive use or a generalized failure to plan childbearing.[17] Each child born to a teenage mother adds significant costs in terms of public support over the early lifetime of the child.

Combined, the effects on education and the number of children in the family dramatically affect the earning potential of families begun when the mother was under 20 years old and contribute to the fact that more than 50 percent of all AFDC recipients had their first child in their teens.[18]

A renewed national commitment to adequate health and family planning services is only the first step toward preventing too-early childbearing. To save money, reduce teenage dependence on public welfare, and help teens build their futures by choice instead of by accident, programs must be made available or strengthened that will help teens delay their first pregnancy, combined with adequate access to health care for pregnant teens who choose to bear a child, or safe, legal abortion for teenagers who choose to terminate a pregnancy. Only with such a focused national commitment can we hope to help teens delay childbearing beyond adolescence and break the spiral of public costs and private despair.

Methodology

Calculating the Costs

The costs of teenage childbearing can be conceptualized in three different ways. The first is in terms of expenditures in a given year: single year cost. This figure answers the question: "In 1988, how much did the federal government spend on families begun when the mothers were teenagers?" This includes public outlays for families currently headed by teenage mothers and also those in which the mother is now 20 years of age or older, but had her first child when she was still in her teens. Although the vast majority of AFDC families have a single, female head-of-household, CPO calculations do not distinguish between married and unmarried teen mothers.

CPO includes three forms of public assistance in the calculation of these costs: Aid for Families with Dependent Children (AFDC), Medicaid, and Food Stamps. The dollar value includes both direct payments to individuals, as well as the administrative and service costs of these programs. Costs of social service programs for young mothers, special education, foster care, and public housing subsidies are not included in the single year cost. Though some of these expenditures are clearly attributable to teenage childbearing, estimating the dollar amounts on a national level for all families begun by a teen birth is not feasible. These expenditures are more readily available for a given year and are factored in to the single birth and single cohort costs.

The second type of cost is the projected cost over 20 years of a single teen birth in a given year: single birth costs. This figure answers the question: "How much will a family begun in 1988 by a teen birth cost the public by the time that first baby is twenty years old?" This number may appear low because it is an average cost based on the total number of first births to all teen mothers in 1988. Because approximately one-third of teenage mothers receive public assistance, the actual cost for a family requiring public assistance and begun by a teen birth in 1988 will be about three times this estimated average cost.

The single birth costs are adjusted to reflect two important trends. First, the probability of receiving public assistance decreases over a teen mother's lifetime. The probability that a teen mother will receive welfare is one in three (.34), and the average length of time a woman who begins her family as a teen receives that assistance is 2.5 years. By the time a teen mother is 30 years old, the probability that she will still be receiving public assistance decreases to less than three in one hundred (.03).

Second, those who begin childbearing earlier in their teen years are likely to have more children than those who delay childbearing. Teens who have their first child before age 18 will have, on average, 3.2 children by age 32. Those who delay until they are 18 or 19 years old will have an average of 2.8 children by the time they reach age 32. These estimates are important in projecting the number of family members eligible for benefits and future medical expenses associated with pregnancy and childbearing.

The third type of cost calculated is the projected 20-year cost of all first children born to teens in a given year: single cohort costs. In this case we are answering the question, "How much will all the families begun by a teen birth in 1988 cost by the time those first babies are twenty years old?" This is calculated by multiplying the single birth costs for 1988 by the total number of first births to teens in that year. For both single birth cost and single cohort cost estimates, social service and public housing costs are included, in addition to AFDC, Medicaid, and food stamp costs used to calculate single year costs.

For all the public costs calculated, an estimate is made of the potential savings to the public had there been no births to teenagers in 1988, or in other words, what we might still expect to spend had all those teen births been prevented. The potential savings are lower than the public costs in each case because delaying childbearing until age 20 or more does not guarantee that a woman will never need to receive public assistance. Because many of the women who become teenage mothers are already at a higher risk of needing financial assistance as an adult, many of the costs included in these calculations would be reduced by eliminating teenage births, but they could not be wiped out entirely.

Previous research into public costs of teenage childbearing estimated a saving rate of 20% for reducing teenage births by half.[19] Thus, CPO determines potential savings for delaying 100% of teen births by figuring 40% of the calculated public costs.[20]

Determining Public Outlays†

The cost of AFDC payments attributable to families begun by teen births is calculated as 53% of the total AFDC payments made in 1988. This estimate is based on extensive computer simulations, with a variety of databases, that resulted in a range of 50% - 56% of total AFDC expenditures. CPO settled on the midpoint of 53% for the purposes of this study, allowing for the possibility that the actual amount may be very slightly higher or lower. Administrative costs are estimated at 12% of direct costs, based on national averages over a five-year time period.

Medicaid payments are determined from the average payments for adults and children and the average numbers of adults and children receiving these payments because of their AFDC eligibility, multiplied by 53%. Administrative costs for Medicaid are calculated as 5% of the direct payments, again based on national averages over a five-year time period.

Food stamp costs are determined from the average monthly payment (multiplied by 12) and the average numbers of adults and children receiving food stamps, multiplied by 53%. Administrative costs for food stamps are estimated as 12% of direct costs.

For single birth and single cohort costs, both married and unmarried teens experiencing a first birth in 1988 are included. A teen mother who is married has a higher probability of needing public assistance during the first twenty years of her child's life than does a married teen who delays childbearing until she is 20 or more years old.

CPO focused on teens having first births because the first teen birth often triggers a sequence of events necessitating public assistance. Subsequent births are accounted for in the 53% calculation of welfare families begun by a teen birth and in the calculation of single birth and single cohort costs that include costs over a 20-year period. In considering costs over the next 20 years, it should also be noted that these costs are discounted at a rate of 4%. This assumes that a dollar invested in 1988 will grow at an interest rate of 4% (after inflation) per year, compounded annually.

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† See also section on Sources of Data, p. 14.

Sources of Data for the 1988 Cost Study

Single Year Public Costs Estimates

AFDC Expenditures: $16,645,000,000 in AFDC direct cash grants, Fiscal Year (FY) 1988.[21] Administrative costs of $2,352,700,000 added for total AFDC expenditures.[22]

Food Stamp Expenditures: $49.80 average monthly Food Stamp payment per individual in FY 1988.[23] Multiplied by 10,920,275, the average monthly number of adults and children receiving AFDC in FY 1988.[24] Adjusted for an 83.5 percent participation rate of AFCD households in the food stamp program.[25] Administrative expenses of 12 percent added.[26]

Medicaid Expenditures: 5,503,317 AFDC adults and 10,037,347 AFDC children received a total of $5,882,749,912 (to adults) plus $5,847,852,317 (to children) during FY 1988.[27] Administrative expenses of 5 percent were added based on recent actual experience.[28]

Single Birth and Single Cohort Public Costs Estimates

AFDC Cost: An average payment of $127 per recipient per month in FY 1988.[29] AFDC benefits are adjusted at a rate of 3.2 percent per year to account for inflation and discounting.[30]

Food Stamp Cost: $49.80 average payment per recipient per month in 1988.[31] For the years following 1988, the per recipient cost was reduced by 3 percent per year (5 percent inflation minus 2 percent increase in food stamp allocation). All adjusted for a 83.5 percent participation rate of AFDC households in the food stamp program.[32] Administrative costs of 12 percent added.[33]

Annual Medicaid Cost: On average each AFDC child cost Medicaid $583 in FY 1988, while each adult cost Medicaid $1,069.[34] These numbers remain constant for the 20-year projections because costs will keep pace with inflation.

First Births: In 1987 there were 9,966 births to girls under 15; 149,170 births to 15-17 year-olds, and 205,451 births to 17-19 year-olds. 1987 natality statistics were used, as these are the latest available.[35]

Medicaid Costs Associated with Births: These calculations used $3,494 as the cost borne by Medicaid (including prenatal care costs) for a birth to a teenager 14 or younger; $3,224 as the cost for 15-17 year-olds, and $2,696 as the cost for 18-19 year-olds. These figures are the average costs estimated by three different studies: Walentik,[36] Wertheimer and Moore,[37] and Burt et al.,[38] adjusted for inflation at 4 percent per year since 1985.

Social Service Cost: Assumed to be 5 percent of AFDC cost, following Walentik's logic and example.[39]

Public Housing Cost: Assumed to be 2 percent of AFDC cost, following Walentik's and SRI International's examples.[40]

AFDC, Food Stamp and Medicaid Administrative Costs: AFDC administrative costs of $2,352,700,000.[41] Food Stamp administrative costs calculated using 12 percent of direct benefits, based on historical precedent.[42] Medicaid administrative costs calculated at 5 percent of benefits, also based on historical precedent.[43]

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